






- (1) CalPERS HMO plans (Blue Shield, Kaiser and Western Health Advantage) have no benefit changes in 2005.
- (2) Effective January 1, 2005, PERS Choice and PERSCare members will pay a higher copayment for maintenance drugs if they do not begin using mail order after the second fill of a prescription. If members continue to use a retail pharmacy for maintenance drugs, the higher mail order copayment will apply (\$10 generic, \$25 preferred, and \$75 non-preferred), but they will receive only a 30-day supply (compared to the 90-day mail order supply). Affected members will receive more information about this change from Caremark, the pharmacy benefit manager for PERS Choice and PERSCare.
- (3) Two association plans, CAHP and CCPOA, have benefit changes in 2005. Contact each association for more information.

As approved by the CalPERS Board of Administration and subject to approval by the Department of Managed Health Care, up to 38 hospitals will be excluded from the Blue Shield CalPERS 2005 provider network. As a result, some members will have to change providers in order to remain with Blue Shield or may retain their provider by signing up for the PPO. Affected members will receive more information from Blue Shield regarding this change prior to the start of Open Enrollment.



State law requires retirees and their dependents who are eligible for Medicare Part A (hospital insurance) to enroll in Medicare Part B (medical insurance) and transfer to a CalPERS-sponsored Medicare health benefits plan. All retirees must certify their Medicare status by submitting satisfactory evidence of Medicare enrollment in Part A and Part B, ineligibility or deferral.

|   |   |
|---|---|
| <div style="margin-bottom: 20px;">_____<br/>_____<br/>_____</div> <div><input type="checkbox"/> Check if changing mailing address<br/>for Open Enrollment materials only.</div>   | <div style="text-align: center; margin-bottom: 20px;"></div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 20px;">NO POSTAGE<br/>NECESSARY<br/>IF MAILED<br/>IN THE<br/>UNITED STATES</div> <div style="text-align: right;"></div> |
| <div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 80%;">BUSINESS REPLY MAIL</div> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;">FIRST-CLASS MAIL PERMIT NO 1417 SACRAMENTO CA</div> <div style="padding-top: 10px;">POSTAGE WILL BE PAID BY ADDRESSEE</div> <div style="padding-top: 20px; text-align: left;">CalPERS<br/>OFFICE OF EMPLOYER &amp; MEMBER HEALTH SERVICES<br/>PO BOX 942714<br/>SACRAMENTO CA 94299-9901</div> |   |
|    |   |

Medicare eligibility is based on Social Security and/or Medicare covered employment. If you are not eligible for Medicare, you may be eligible through your spouse (current, former, deceased or future) who worked. Contact the Social Security Administration at (800) 772-1213 to determine your Medicare eligibility or visit their Web site at ***www.ssa.gov***

For more information about CalPERS and Medicare, review our publication ***Understanding Medicare.*** Use the attached postcard to request this publication.



*Your personalized health benefits information as of July 1, 2004*

**Want to know your health plan's quality ratings or how to choose a provider? Use the prepaid postcard on page 3 to order your *Quality Report*.**



This year, Open Enrollment is **September 15 – October 15**. This health plan statement will help you: (1) review your family's enrollment information for the year, (2) become informed about any important changes to the CalPERS health plans and covered services, and (3) order an Open Enrollment booklet. Helpful booklets about the CalPERS health plans are available at [www.calpers.ca.gov](http://www.calpers.ca.gov).

**If you do not wish to change** from your current health plan and your enrollment information is correct, **you do not need to do anything.** **If you wish to make a health plan change,** return the pre-paid postcard (page 3) no later than **September 1, 2004.** We will send you the Open Enrollment package and other useful booklets.

*Your requested materials may come in more than one shipment, arriving in your mail at different times.*

You may request to have materials mailed to a **different address** other than the one in our records. Fill out the address section on the front of the postcard. ***CalPERS cannot honor this as a change of address.*** To change your address, contact your personnel office (active employees) or contact CalPERS (retirees).

If the personal information on page 2 is not accurate, contact your Health Benefits Officer (active employees) or contact CalPERS (retirees).

If you have questions or need help, visit ***www.calpers.ca.gov*** or call us toll-free at **(888) CalPERS (225-7377)**.



2024 HEALTH PLAN PERSONAL INFORMATION

Our records confirm that you are currently enrolled in:  
Your eligibility ZIP code\* is:

The following individuals are enrolled under your health plan:

| Relationship Code | Name | Date of Birth | Health Coverage Code |
|-------------------|------|---------------|----------------------|
|-------------------|------|---------------|----------------------|

RELATIONSHIP CODES:

|    |   |
|----|---|
| 0  | self  |
| 1  | spouse  |
| 2  | child   |
| 3  | stepchild   |
| 4  | economically dependent child                      |
| 5  | adopted child                                     |
| 6  | domestic partner                                  |
| 7  | domestic partner's economically dependent child   |
| 15 | sibling (surviving children of a deceased member) |
| 99 | unknown   |

HEALTH COVERAGE CODES:

|   |          |
|---|----------|
| B | Basic    |
| M | Medicare |

\* The eligibility ZIP code is used to determine the health plans in which you are eligible to enroll. You may choose either your home or current work address ZIP code to establish your eligibility. Retirees cannot use the address of the agency from which they retired to establish eligibility. You can get a list of available health plans based on eligibility ZIP codes from your employer, the CalPERS Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov) or by contacting the CalPERS Customer Contact Center at (888) CalPERS (225-7377).

NOTE: Evidence of Coverage booklets or duplicate cards can be obtained by contacting the health plans directly.

2024 HEALTH PLAN PREMIUM RATES

The chart below shows Basic Plan premiums for 2005. These rates do **not** reflect your employer’s contribution. Contact your employer, bargaining unit or CalPERS (retirees) to find out the employer’s contribution toward the monthly premium. To calculate your monthly cost, subtract your employer’s contribution from the total premium rate for your health plan.

| Health Plan                      | Toll free number | Premium Rate 1-Party | Premium Rate 2-Party | Premium Rate 3+ Party |
|----------------------------------|------------------|----------------------|----------------------|-----------------------|
| Blue Shield HMO & EPO            | (800) 334-5847   | \$355.03             | \$710.06             | \$923.08              |
| CAHP**                           | (800) 759-5758   | \$390.22             | \$757.55             | \$990.81              |
| CCPOA** (North)                  | (800) 547-2968   | \$332.00             | \$664.00             | \$896.00              |
| CCPOA** (South)                  | (800) 547-2968   | \$274.00             | \$548.00             | \$740.00              |
| Kaiser Permanente (CA)           | (800) 464-4000   | \$335.63             | \$671.26             | \$872.64              |
| Kaiser Permanente (out-of-state) | (800) 464-4000   | \$475.92             | \$951.84             | \$1,237.39            |
| PERS Choice                      | (877) 737-7776   | \$366.08             | \$732.16             | \$951.81              |
| PERSCare                         | (877) 737-7776   | \$613.79             | \$1,227.58           | \$1,595.85            |
| PORAC**                          | (800) 288-6928   | \$399.00             | \$748.00             | \$950.00              |
| Western Health Advantage         | (888) 563-2251   | \$322.47             | \$644.94             | \$838.42              |

\*\* You must belong to the specific employee association and pay applicable dues to enroll in this plan.

**Notice of Privacy Practices:** CalPERS is responsible for protecting the medical information we hold about you and you have certain rights to access your medical information. CalPERS Notice of Privacy Practices explains how medical information about you may be used and disclosed. You may visit our Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov) to access the most recent Notice of Privacy Practices or review your *Health Plan Decision Guide*, which you may order by using the pre-paid postcard below. If you have any questions, you may also contact us at (888) CalPERS (225-7377).



IMPORTANT DATES

**August 16 - September 16**  
Requested booklets will be mailed to you.

**September 15 - October 15**  
Open Enrollment period

**September 15**  
Open Enrollment materials are available online on our Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov)

**January 1, 2005**  
Your Open Enrollment health plan changes become effective.

2004 REQUEST POSTCARD (CHECK ONLY THE ITEMS YOU WANT TO RECEIVE)

☐ 2005 Open Enrollment Packet (Health Plan Decision Guide and Health Benefit Summary)

Other Booklets (shipped separately to arrive shortly after the Open Enrollment Packet):

- ☐ Quality Report
- ☐ Understanding Medicare booklet (Rev. 07/04)
- ☐ Health Program Handbook (Rev. 09/02)

AUG. 16 - SEPT. 16 — YOUR REQUESTED MATERIALS WILL BE MAILED TO YOU!

Postcard expires 09/01/2004